

Figure W4. Medical Record Audit Form for Recording Information About Documented Preventive Services for Patients Whose Outpatient Encounter Was Observed.

CHART AUDIT CHECKLIST

DATE OF BIRTH	GENDER ___ Female ___ Male	DATE OF FIRST VISIT	# VISITS PAST 2 YEARS
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HEIGHT (date)	WEIGHT (date)	LAST HCM (date)
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NO	YES	UTILIZED	
		Y N U	Problem list
		Y N U	Medication list
		Y N U	Prevention flow sheet

DATE	A/N
	Pap smear (women only)
	Previous Pap
	Previous Pap
	Last cholesterol test
	Previous cholesterol test

Number of chronic illnesses on problem list:

DATE	Women only
	Last clinical breast exam
	Previous clinical breast exam
	Self breast exam (addressed)

DATES OF ALL MAMMOGRAMS (Women only)

Yes	No	Unable to identify	
			Personal history of breast cancer (women only)
			Family history of breast cancer (women only)
			Family history of pre-menopausal breast cancer (women only)
			Smoker
			Smokeless
			Indication of cessation activities in last 2 years (If yes, what?)
			For children, indication of parents' tobacco use status

	Chart face sheet	Narrative	Problem list	Chart prompt	Other (specify)
Smoking status					
Car seat/belt counsel					

DATE	Age ≤6
	DTP #1
	DTP #2
	DTP #3
	DTP #4
	DTP #5
	VZV

DATE	Age ≤6
	OPV #1
	OPV #2
	OPV #3
	OPV #4
	HIB #1
	HIB #2

DATE	Age ≤6
	HIB #3
	HIB #4
	HBV #1
	HBV #2
	HBV #3
	MMR #1

DATE	
	Td
	Influenzae
	Pneumonia

NOTES AND CHART ASSESSMENT: